



DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management

OPM 236-B

DIRECT DEPOSIT HARDSHIP EXEMPTION REQUEST FORM

SECTION I

Name _____

Position # _____ Position Title _____

Hiring Official _____ Phone _____ E-mail _____
(For new hires and rehires only)

SECTION II

In accordance with Act 1887 of 2005, as a condition of employment, a person hired or appointed to a position in any agency in State government on or after August 12, 2005 shall be required to accept payment of salary or wages by electronic warrants transfer (ACH). The ACH payment shall be in the form of a direct deposit.

The Chief Fiscal Officer of the State has the authority to grant exemptions to the direct deposit requirement due to hardship or any other reasonable basis.

_____ I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the law and enroll and remain enrolled in direct deposit or request an exemption from these requirements. I understand that I can go no further in the hiring process until the request for exemption is reviewed.

_____ I am a current employee requesting discontinuation of direct deposit due to hardship.

SECTION III: (Please print or type)

I hereby request an exemption from the requirements of mandatory participation in direct deposit for the following hardship: _____

Signature _____ Date _____

SECTION IV: This section to be completed by Agency HR Department

Agency Name _____ Agency Number _____

Reviewed By: _____ Date _____
(Name and Title of Agency HR staff reviewing request)

Agency HR Contact: Phone _____ Fax _____ E-mail _____

Date Submitted to OPM for review by the Chief Fiscal Officer of the State _____

Fax form to OPM at (501) 682-5104 or by messenger/mail 1509 W.7th, Room 201, LR AR 72203 Attn: Manager, Research and Technical Services. Questions can be directed to (501) 682-1823.

SECTION V: This section to be completed by Chief Fiscal Officer of the State

Date Received _____ Request Approved _____ Request Denied _____

Signature _____ Date _____

SECTION VI: This section to be completed by Agency HR Department

Date Hiring Official/Employee Notified of Decision _____ By Whom _____